

CHIEF THERAPIST MAKES A DIFFERENCE WITH PATIENT SATISFACTION

By Jo Ellen Hippenstiel



THE words “patient satisfaction” seem to be a catch phrase in today’s health-care environment. Some managers and staff may not like the concept because it may “get in the way” of just doing the work. However, medical professionals like Cynthia Alexander, chief respiratory therapist at Grady Health System in Atlanta, know that patient satisfaction can make the difference between black and red when it comes to the bottom line. In Alexander’s case, patient satisfaction means serious business in nearly every aspect of her work as a leader.

Her career has reflected a desire to do the best for her patients, and for her staff.

At the beginning of her education in health-care, Alexander needed to get the most learning in the least amount of time. Her original goal was a career in physical therapy. After transferring from Valdosta State University in Valdosta, Georgia to Georgia State University (GSU) in Atlanta, she discovered that the classes she had completed up to that point could help her complete a degree in a shorter period of time—but in a different field.

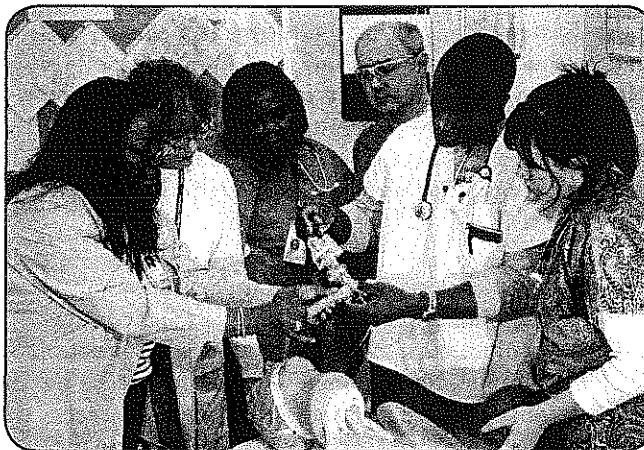
"I had completed the required core science courses at Valdosta," says Alexander. "But I realized that I was still looking at an additional three years of class work in physical therapy to get a degree. I just happened to be looking at a course catalog from GSU and discovered that all the classes I had already completed would enable me to pursue a degree in respiratory therapy in less time. At that phase of my life, it seemed that time was of the essence, so I went forward in respiratory therapy. I've never regretted this choice. Respiratory therapy has been a rewarding experience—one that I would encourage others to pursue if given the opportunity."

Alexander reveals that there were several people who influenced her and ignited her enthusiasm for becoming a respiratory therapist and pursuing advanced degrees in the field. "I had great professors," she says. "John Youtsey, Joe Rau, Sue Pilbeam and Dr. Dave Martin are professionals who showed such enthusiasm for this field and made my training challenging and exciting."

During her educational process, Alexander participated in course work that included making home visits to asthma patients. "I believe it was that experience—visiting those patients at home and helping their health to improve—that inspired me to want to serve the people of my community," she continues. "Even now, it does something inside me to help people who are suffering, to help patients breathe better, to help their lives improve. To be a part of that process is nothing short of amazing. I hope I'm passing some of that excitement on to the staff in my department."

It was during Alexander's last rotation at GSU that another path on her journey as a therapist was decided. She had chosen to work with neonates as her specialty rotation and was scheduled to do her clinical work at Atlanta Medical Center (formerly Georgia Baptist Hospital). "Instead," says Alexander, "I went to Grady, which was a couple of blocks from the Georgia State campus. I persuaded my clinical instructor, Sue Pilbeam, to allow me to stay at Grady for clinicals. I did this because after just one day of clinicals at Grady, I was blown away by the diversity of the patient population, the patients' diseases and the fact that Grady had a regional transport team. I knew that I could learn and gain a lot of experience here. Also I had an instant bond with Jeannie Thompson, the assistant director of the department, who served as my mentor."

Alexander knows that taking her clinicals at Grady was one of the best decisions of her career. "I would say it worked out really well," she says. "Because after completing my clinicals, I was offered a position at Grady's



(L to R) Alexander, Melanie Lanier, RRT, Sandra Jacobs, Siamak Dowlatpanah, RRT, Marvin Doleman, RRT, and Grace Foronda-Passo, RRT, demonstrate the Vortran Ventilator for Emergency Preparedness for epidemics such as Bird Flu, Mass Casualty, etc.

neonatal intensive care unit as a respiratory therapist. I also became a member of the Angel II regional neonatal transport team. I've been at Grady ever since that time, which was 1980."

According to Alexander, Grady Health System (GHS) is one of the largest public hospitals in southeastern United States. The system includes Grady Memorial Hospital, which is licensed for 900 plus beds, Hughes Spalding Children's Hospital, ten neighborhood/airport health centers and the only level one trauma center within a 100-mile radius.

Grady has a nationally acclaimed burn unit and diabetes center, a certified stroke center, a 24-hour sickle cell center and the Georgia Cancer Center for Excellence. "Georgia's only poison control center is based at Grady," states Alexander. "And its emergency medical service is the ambulance provider for the city of Atlanta."

"As you can tell, we have a lot to be proud of at Grady," she continues. "Grady Memorial is an internationally recognized teaching hospital, staffed exclusively by physicians from Emory and Morehouse schools of medicine. Many of these physicians could be categorized as some of the leading doctors in the country." Alexander states that 25 percent of all physicians practicing medicine in Georgia received some or all of their training at Grady.

In further speaking of the Grady Health System, Alexander says that it is the home of the largest publicly funded infectious disease program in the eastern US. In 2002, it was named one of the nation's top three HIV/AIDS outpatient clinics by the University

Health System Consortium. Grady has been recognized by the National Association of Public Hospitals in its first place safety net award category three times: for its breast health initiative program, for the GHS Diabetes Detection and Treatment Program, and most recently for innovations in technology—pain assessment using PALM technology.

During her tenure at Grady, Alexander has climbed the professional ladder, functioning as a neonatal therapist, equipment coordinator, assistant director and chief therapist. She attributes her success to being trained by distinguished registered respiratory therapists. “These therapists include Jeannie Thompson, Beverly Foster, Dave Ellwanger and Bill Hastings,” says Alexander. “During my training, physician leadership in the NICU included renowned neonatologists Drs. Alfred Brann, Bill Sexton, Susie Buchter and Reese Clark.” Alexander says these educators know what it takes to give good patient care and they know how to teach and inspire their students to overcome the struggles of operating a department on a daily basis.

As chief therapist of GHS respiratory department, Alexander describes her typical day as maintaining the smooth operations of the department. “After checking the patient census, I need to ensure that we have adequate staff to treat our patients,” she states. “I’m also responsible for the operating budget of the department. Our staff maintains a pulmonary function testing lab and a sleep center. The hospital houses a Level I trauma center, so we see a lot of burn patients, motor vehicle accident victims and gun shot victims. We also provide respiratory therapy services for patients with asthma, chronic obstructive pulmonary disease, HIV and stroke and cardiac diagnoses.”

Along with day-to-day duties, Alexander’s staff participates in two research programs. The first study involves ventilation in adults diagnosed with respiratory distress syndrome. The other involves premature babies (24-27 weeks gestation) in the NICU. This is a randomized support trial study using CPAP versus intubation and surfactant administration. Alexander recently was awarded a \$15,000 grant from the Georgia Emergency Management Agency to purchase portable ventilators for mass casualties. These ventilators use a manifold to allow ventilation of seven patients at one time.

As Alexander reflects on her responsibilities, she attributes having earned the chief therapist position to Jeannie Thompson, her supervisor at GHS, and other professors who believed in her abilities “Jeannie encouraged me to pursue a master’s degree,” she says.

“She kept telling me to keep moving forward and help others to do the same. I listened to her.”

Instilling a belief in one’s own abilities is now part of Alexander’s management style toward her staff. “Although my style of management is a bit participatory, I like to provide the staff with the autonomy to do what is expected of them,” she relates. “I like to think I’m flexible and open. We have an established open door policy, and I try to encourage professional growth, as others encouraged me. My trust in my staff is not misplaced. If I’m not here, the efficiency of the department does not stop.” She credits her administrative team which includes Sandra Jacobs, Clinical Specialist, RN, RRT, Irma Seabrook, MBA, RRT, Nursery and Transport Supervisor, Derrick George, BS, RRT, Adult/Rehab Supervisor, James Jackson, BS, RRT, Night Supervisor, and Yvonne Tucker, MSC, RPFT, Chief Technologist Pulmonary Lab and Sleep Center. Her staff is active in the community by speaking at career day schools, serving as instructors in outlying hospitals, and volunteering at health fairs.

Alexander states that when she chooses new staff, the current employees participate in the interview process by forming a panel to question interviewees. “We look for people who are compassionate about being respiratory therapists,” says Alexander. “Also, in this time of preventive medicine, we want therapists who can really talk to patients and help them understand their health issues before their issues turn into problems.”

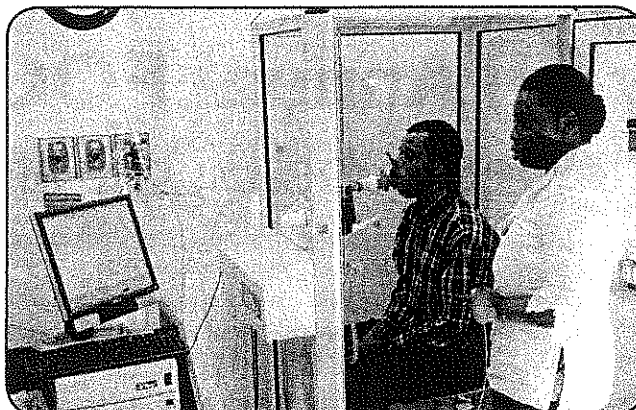
Once new employees are hired at Grady, Alexander and her team of supervisors try to maintain staff satisfaction. “We administer satisfaction surveys on a regular basis to monitor what our staff is really thinking,” says Alexander. “We also use a suggestion box for input into our communications process. Everybody has a voice. Our hope in this process is that staff satisfaction will evolve into excellent patient care. You have to have happy workers to provide the best care to the patients, which is our ultimate goal.”

Besides hiring appropriate staff, Alexander believes that reimbursement for respiratory services is another issue facing respiratory managers in general. “Reimbursement is problematic because we lack a respiratory information system,” she states. “A respiratory information system could clarify for third party payors the need for respiratory services for specific illnesses and help them to better understand the patients needs.”

Adequate compensation seems to be a concern of most managers for ancillary medical services. Alexander agrees.



The respiratory administrative team Alexander, Jacobs, Derrick George, BS, RRT, NPS, Adult/Rehab Supervisor and Irma Seabrook, MBA, BS, RRT, NPS, Nursery Supervisor look at past technology—the iron lung used for the Polio epidemic.



Pulmonary function lab staff Yvonne Tucker, PFT Supervisor, and Sylvanus Okeke, PFT Tech, perform quality measurements on equipment.

“Most ancillary services, such as respiratory therapy, radiology and physical therapy have enjoyed shorter periods of autonomy than, say, the nursing profession,” says Alexander. “Respiratory therapy seems to earn less respect as a profession. Everybody, including payor groups, seems to think that anybody can do what we do. This is just not true. We are professionals. We need to help others recognize and believe that respiratory therapists deserve compensation similar to other professionals who help patients. We all help patients in different ways, but help is help. Our services are no less important.”

According to Alexander, respiratory services are expanding. There are new arenas open to therapists. They now assist in cardiac catheterization laboratories. They own staffing agencies, become traveling therapists and participate in case management.

“The trend seems to be forward movement, and we need to keep moving forward as a profession,” says Alexander. “As managers, we need to encourage our staff members to reach for more education—to stay the course and get bachelor’s degrees, and then master’s degrees and even further. Each respiratory therapist should have opportunities to move up, but it can’t be done without a solid educational background. In my opinion, every respiratory therapist should have a bachelor’s degree to obtain an entry-level position.”

Alexander believes in the power of education. This belief motivates her to want to share her knowledge with others, especially patients who might not otherwise have

access to a respiratory therapist’s skills. “I want to establish a foundation to provide education and services to our underserved and elderly populations,” says Alexander. “I would focus on asthma, chronic obstructive pulmonary disease and sleep apnea. We would provide home assessment for pollutants that affect asthma, educate clients about the dangers of second-hand smoking, appropriate use of medication and equipment. This is my goal.”

“When I think of how many people we could help and how we could improve their health and their lives—well, that’s what keeps motivating me to push forward,” she continues. “I want to keep trying until I get the job done, until everybody in Atlanta who needs our help can have our help. When I accomplish this, then ‘patient satisfaction’ won’t be just words, they’ll be reality.”

Cynthia Alexander, MS, RRT, is chief respiratory therapist of Respiratory Department at Grady Health System in Atlanta. She received a bachelor’s degree in respiratory therapy at Georgia State University in Atlanta, where she also earned a master’s degree in health sciences. Alexander also attended Valdosta State University in Valdosta, Georgia. She has worked at Grady Health System in several positions as a respiratory therapist since 1980. Alexander is an instructor of the neonatal resuscitation program and is certified in pediatric life support, basic life support, and advanced cardiac life support.

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